

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	I						51	I						
2		I					52	I						
3	I						53	I						
4	I						54	I						
5	I						55	I						
6	I						56	I						
7	I						57	I						
8		I					58	I						
9		I					59	I						
10		I					60	I						
11	I						61	I						
12		I					62	I						
13	I						63	I						
14	I						64	I						
15	I						65	I						
16	I						66	I						
17	I						67	I						
18		I					68	I						
19		I					69	I						
20		I					70	I						
21		I					71	I						
22		I					72	I						
23		I					73	I						
24		I					74	I						
25	I						75	I						
26	I						76	I						
27		I					77	I						
28		I					78	I						
29	I						79	I						
30	I						80	I						
31	I						81	I						
32	I						82	I						
33	I						83	I						
34	I						84	I						
35	I						85	I						
36	I						86	I	I					
37	I						87	I	I					
38	I						88	I						
39	I						89	I						
40	I						90	I						
41	I						91	I						
42	I						92	I						
43	I						93	I						
44	I						94	I						
45	I						95	I						
46	I						96	I						
47	I						97							
48	I						98							
49	I						99							
50	I						100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							